

# **APPLICATION DATA SHEET**

## **Application Information**

**Application Number::** Not Yet Assigned  
**Filing Date::** March 31, 2004  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested Classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** ACUPRESSURE DEVICE FOR TREATING INSOMNIA  
**Attorney Docket Number::** 43116-200028  
**Request for Early Publication?::**  
**Request for Non-Publication?::**  
**Suggested Drawing Figure::** Figs. 1(a) – 5(d)  
**Total Drawing Sheets::** 6  
**Small Entity?::** Yes  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** China  
**Country::** China  
**Status::** Full Capacity  
**Given Name::** Wanzhu  
**Middle Name::**  
**Family Name::** HOU  
**Name Suffix::**  
**City of Residence::** Rockville  
**State or Province of Residence::** Maryland  
**Country of Residence::** U.S.A.  
**Street of Mailing Address::** 4801 Randolph Road  
**City of Mailing Address::** Rockville  
**State or Province of Mailing Address::** Maryland  
**Country of Mailing Address::** U.S.A.  
**Postal or Zip Code of Mailing Address::** 20852-2235

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** China  
**Country::** China  
**Status::** Full Capacity  
**Given Name::** Guangpi

**Family Name::** XU  
**Name Suffix::**  
**City of Residence::** Rockville  
**State or Province of Residence::** Maryland  
**Country of Residence::** U.S.A.  
**Street of Mailing Address::** 4801 Randolph Road  
**City of Mailing Address::** Rockville

**State or Province of Mailing Address::** Maryland  
**Country of Mailing Address::** U.S.A.  
**Postal or Zip Code of Mailing Address::** 20852-2235

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4000  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** fchao@venable.com

### **Representative Information**

**Representative Customer Number::** 26694

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
N/A	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
N/A			

## Assignee Information

Assignee Name:: N/A

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::